



04/09/01



UTILITY PATENT APPLICATION TRANSMITTAL

J1044 U.S. PTO

09/828245



| | | | |
|---|--|--------------|---|
| Attorney Docket No.: | CM01926K | Total Pages: | 2 |
| First-Named Inventor or Application Identifier | Mitchell, Goodman E. et al. | | |
| Title: | FINGERPRINT ACQUISITION ASSEMBLY USING PRISM AND CAMERA | | |
| Express Mail Label No.: | | | |

(Only for new nonprovisional applications under 37 CFR 1.53(b))

| | | |
|---|--------------------|--|
| APPLICATION ELEMENTS (see MPEP chapter 600 concerning utility patent application contents) | ADDRESS TO: | Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231 |
|---|--------------------|--|

| | | | |
|----|-------------------------------------|---|--|
| 1. | <input checked="" type="checkbox"/> | Fee Transmittal Form <i>in duplicate</i> | |
| 2. | <input checked="" type="checkbox"/> | Specification | Total Pages: <input type="text" value="11"/> |
| 3. | <input checked="" type="checkbox"/> | Drawings | Total Sheets: <input type="text" value="4"/> |
| 4. | <input checked="" type="checkbox"/> | Oath or Declaration with Power of Attorney | Total Pages: <input type="text" value="4"/> |
| | a. | <input checked="" type="checkbox"/> Newly Executed (original or copy) | |
| | b. | <input type="checkbox"/> Copy from prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 17 completed) | |
| | i. | <input type="checkbox"/> <u>Deletion of Inventor(s):</u> Signed statement attached deleting inventor(s) named in the prior application (see 37 CFR §1.63(d)(2) and 1.33(b)) | |
| 5. | <input type="checkbox"/> | Incorporation by Reference (<i>useable if Box 4b is checked</i>) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. | |
| 6. | <input type="checkbox"/> | Microfiche Computer Program (Appendix) | |
| 7. | <input type="checkbox"/> | Nucleotide and/or Amino Acid Sequence Submission | |

ACCOMPANYING APPLICATION PARTS

| | | |
|-----|-------------------------------------|--|
| 8. | <input checked="" type="checkbox"/> | Assignment Papers (<i>cover sheet and document(s)</i>) |
| 9. | <input type="checkbox"/> | 37 CFR §3.73(b) Statement (when there is an assignee) |
| | <input type="checkbox"/> | Power of Attorney |
| 10. | <input type="checkbox"/> | English Translation Document (<i>if applicable</i>) |
| 11. | <input type="checkbox"/> | Information Disclosure Statement (IDS)/PTO-1449 |
| | <input type="checkbox"/> | Copies of IDS Citations |
| 12. | <input type="checkbox"/> | Preliminary Amendment |
| 13. | <input checked="" type="checkbox"/> | Return Receipt Postcard (MPEP 503) (<i>should be specially itemized</i>) |
| 14. | <input type="checkbox"/> | Small Entity Statements |

15. ☐ Certified Copy of Priority Document(s)

16. ☐ Other:

17. **IF A CONTINUING APPLICATION**
*check appropriate box and supply the requisite information below
and in a preliminary amendment:*

☐ Continuation

☐ Divisional

☒ Continuation-
in- Part (CIP)

Prior Appl. No. _____

Prior Appl. information: |

Examiner: |

Group/Art Unit: |

CORRESPONDENCE ADDRESS

CUSTOMER NO. 24273

NAME Frank M. Scutch, III
Attorney for Applicant

Reg. No. 34,984

ADDRESS Motorola, Inc.
Intellectual Property Section
Law Department
8000 West Sunrise Boulevard

CITY Ft. Lauderdale STATE FL ZIP CODE 33322

COUNTRY U.S.A. TELEPHONE (954) 723-6449 FAX (954) 723-3871

SUBMITTED BY

CUSTOMER NO.: 24273

NAME Frank M. Scutch, III Reg. No. 34,484

SIGNATURE 

DATE March 30, 2001 Deposit Account 13-4774-1740
User ID

FEE TRANSMITTAL

| | |
|--------------------------------|---|
| Application Number | |
| Filing Date | |
| First-Named Inventor | MITCHELL E. Goodman et al. |
| Examiner Name | |
| Group/Art Unit | |
| Title: | FINGERPRINT ACQUISITION ASSEMBLY USING PRISM AND CAMERA |
| Attorney Docket No. | CM01926K |
| TOTAL AMOUNT OF PAYMENT | |
| \$750.00 | |

METHOD OF PAYMENT

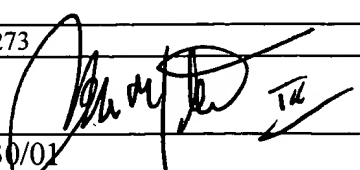
(check one)

FEE CALCULATION

(continued)

| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Deposit Account No.</td> <td style="width: 50%;">Deposit Account Name</td> </tr> <tr> <td>13-4774</td> <td>Motorola, Inc.</td> </tr> </table> <p><input checked="" type="checkbox"/> Charge any additional Fee Required under 37 CFR § 1.16 and 1.17</p> <p><input type="checkbox"/> Charge the Issue Fee set in 37 CFR § 1.18 at the of the Mailing of the Notice of Allowance</p> | Deposit Account No. | Deposit Account Name | 13-4774 | Motorola, Inc. | <p>2. EXTRA CLAIM FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Claims</th> <th style="text-align: left;">Extra Claims</th> <th style="text-align: left;">Fee from Below</th> <th style="text-align: left;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total 17 -20**</td> <td>= 0</td> <td>x</td> <td>= 0.00</td> </tr> <tr> <td>Ind. 3 -3</td> <td>= 0</td> <td>x</td> <td>= 0.00</td> </tr> <tr> <td colspan="4">Multiple Dependent</td> </tr> </tbody> </table> <p>**or number previously paid, if greater; For Reissues, see below</p> <p style="text-align: center;">Large Entity</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Fee Code</th> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Fee Description</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>Claims in excess of 20</td> </tr> <tr> <td>102</td> <td>80</td> <td>Ind. claims in excess of 3</td> </tr> <tr> <td>104</td> <td>270</td> <td>Multiple dependent claim, if not paid</td> </tr> <tr> <td>109</td> <td>80</td> <td>**Reissue independent claim over original patent</td> </tr> <tr> <td>110</td> <td>18</td> <td>**Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table> <p>SUBTOTAL (2)</p> | Claims | Extra Claims | Fee from Below | Fee Paid | Total 17 -20** | = 0 | x | = 0.00 | Ind. 3 -3 | = 0 | x | = 0.00 | Multiple Dependent | | | | Fee Code | Fee (\$) | Fee Description | 103 | 18 | Claims in excess of 20 | 102 | 80 | Ind. claims in excess of 3 | 104 | 270 | Multiple dependent claim, if not paid | 109 | 80 | **Reissue independent claim over original patent | 110 | 18 | **Reissue claims in excess of 20 and over original patent |
|---|----------------------|---|--------------|-----------------|---|--------|--------------|--------------------|----------|----------------|-----|-------------------|--------|-----------|-----|------------------|--------|--------------------|-----|--------------------|--|----------|----------|------------------------|-----|---------------------|------------------------|-----|--------------|----------------------------|-----|-----|---------------------------------------|-----|----|--|-----|----|---|
| Deposit Account No. | Deposit Account Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13-4774 | Motorola, Inc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Claims | Extra Claims | Fee from Below | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total 17 -20** | = 0 | x | = 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ind. 3 -3 | = 0 | x | = 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code | Fee (\$) | Fee Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103 | 18 | Claims in excess of 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102 | 80 | Ind. claims in excess of 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104 | 270 | Multiple dependent claim, if not paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 109 | 80 | **Reissue independent claim over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110 | 18 | **Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p style="text-align: center;">FEE CALCULATION</p> <p>1. BASIC FILING FEE</p> <p style="text-align: center;">Large Entity</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Code</th> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: left;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>710</td> <td>Utility filing fee</td> <td>\$710</td> </tr> <tr> <td>106</td> <td>320</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>490</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>710</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>150</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="3">Subtotal (1)</td> <td>\$710</td> </tr> </tbody> </table> | | Code | Fee (\$) | Fee Description | Fee Paid | 101 | 710 | Utility filing fee | \$710 | 106 | 320 | Design filing fee | | 107 | 490 | Plant filing fee | | 108 | 710 | Reissue filing fee | | 114 | 150 | Provisional filing fee | | Subtotal (1) | | | \$710 | | | | | | | | | | |
| Code | Fee (\$) | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 101 | 710 | Utility filing fee | \$710 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 106 | 320 | Design filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 107 | 490 | Plant filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 108 | 710 | Reissue filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 114 | 150 | Provisional filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subtotal (1) | | | \$710 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>FEE CALCULATION</p> <p>(continued - next page)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Additional Fees (continued) | | Large Entity | |
|------------------------------|----------|---|----------------|
| Fee Code | Fee (\$) | Fee Description | Fee Paid |
| 105 | 130 | Surcharge - late filing fee or oath | |
| 127 | 50 | Surcharge - late provisional filing fee or cover sheet | |
| 139 | 130 | Non-English specification | |
| 147 | 2520 | For filing a request for reexamination | |
| 112 | 920* | Requesting publication of SIR prior to Examiner action | |
| 113 | 1840* | Requesting publication of SIR after Examiner action | |
| 115 | 110 | Extension for reply within first month | |
| 116 | 380 | Extension for reply within second month | |
| 117 | 890 | Extension for reply within third month | |
| 118 | 1390 | Extension for reply within fourth month | |
| 128 | 1890 | Extension for reply within fifth month | |
| 119 | 310 | Notice of Appeal | |
| 120 | 310 | Filing a brief in support of an appeal | |
| 121 | 270 | Request for oral hearing | |
| 138 | 1510 | Petition to institute a public use proceeding | |
| 140 | 110 | Petition to revive - unavoidable | |
| 141 | 1240 | Petition to revive - unintentional | |
| 142 | 1240 | Utility issue fee (or reissue) | |
| 143 | 440 | Design issue fee | |
| 144 | 600 | Plant issue fee | |
| 122 | 130 | Petitions to Commissioner | |
| 123 | 50 | Petitions related to provisional applications | |
| 126 | 240 | Submission of IDS | |
| 581 | 40 | Recording each patent assignment per property (times number of properties) | \$40.00 |
| 146 | 710 | Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| 149 | 710 | For each additional invention to be examined (37 CFR § 1.129(b)) | |
| Other fee (specify) | | | |
| Other fee (specify) | | | |
| *Reduced by Basic Filing Fee | | Subtotal (3) | \$40.00 |

| SUBMITTED BY | | | |
|--------------|---|-------------------------|--------------|
| NAME | Frank M. Scutch, III | Reg. No. | 34,484 |
| CUSTOMER NO. | 24273 | | |
| SIGNATURE |  | | |
| DATE | 3/30/01 | Deposit Account User ID | 13-4774-1740 |